



New Hampshire

NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM



TO: New Hampshire Medicaid Pharmacy Providers

FROM: New Hampshire Department of Health and Human Services, Well Sense Health Plan, New Hampshire Healthy Families

DATE: February 16, 2016

SUBJECT: Changes in Pharmacy Copayments

Beginning March 1, 2016, pharmacy copayment amounts will change for those recipients not otherwise exempt from the copay obligation. Copayments are required of these Medicaid recipients if they are enrolled in either the state Fee-For-Service program or with one of the two Medicaid managed care organizations (MCO): New Hampshire Healthy Families or the Well Sense Health Plan.

For Medicaid recipients subject to prescribed drug copayments:

- A copay of \$1.00 will be required for each preferred prescription drug and each refill of a preferred prescription drug.
- A copay of \$2.00 will be required for each non-preferred prescription drug and each refill of a non-preferred prescription drug, **unless** the prescribing provider determines that a preferred drug will be less effective for the recipient and/or will have adverse effects for the recipient, in which case the copay for the non-preferred drug will be \$1.00.
- A copay of \$1.00 will be required for a prescription drug that is not identified as either a preferred or non-preferred prescription drug.
- Copays are not required for family planning products or for Clozaril (Clozapine) prescriptions.

Emergency Drug Coverage

Pharmacies are reminded that federal statute requires Medicaid programs (Fee-for-Service and managed care) provide payment for dispensing of at least a 72-hour supply for any drugs requiring prior authorizations if prior authorization cannot be obtained outside of Medicaid business hours. (*Section 1927 of the Social Security Act. Codified as Section 1396r-8 of Title 42.(d)(5) (B)*)

Pharmacies must request payment for the 72-hour supply from the client's prescription plan, either Fee-For-Service or the appropriate Medicaid MCO.

Important Reminder

Medicaid providers are not permitted to require Medicaid recipients to pay copayments as a condition for receiving services. However, the consequences for a recipient who does not pay the copayment is that the provider (a) may request the copayment each time a recipient needs an item or service; (b) may ask a recipient for outstanding copayments the next time the recipient comes in for an item or service, (c) may send the recipient bills.